Managing Activated Marines with Service Incurred or Aggravated Injuries.

MP Div

1 Mar 04

Overview

1. Definitions
2. Medical Issue process
3. Limited Duty Coordinator
4. POC

1. Definitions:

a) Light duty

b) Medical Evaluation Board (MEB)

c) Temporary Limited Duty

d) Physical Evaluation Board (PEB)

e) Fit

Medical Issue Process

1. Injury Occurs
   a) Marine is found fit for duty
   b) Marine is placed on **light duty** for a period of not greater than 30 days.
2. Medical Evaluation < 30 days
   a) Marine is found fit for duty
   b) Marine receives up to 30 days light duty and is scheduled or receives MEB.
   c) Command will enter Duty Lim code of “Q” in MCTFS along with the date in the from block.
   d) Light duty **cannot** exceed 60 days

Medical Issue Process

3. Temporary Limited Duty
   a) MEB can render up to 8 mos of TLD for recuperation. TLD cannot exceed 16 mos.
   b) 60 days prior to end of the first 8 month period of TLD member is reevaluated:
      1. Fit for duty
      2. Another 8 mos TLD
4. Referred to a PEB
      1. Fit for duty
      2. Medically separated or retired

Medical Issue Process

5. Once Fit for duty
   a) Enter duty lim code “0.” The “To” date will be the date found fit for duty and must be recorded in MCTFS.
   b) Both the “From” date the Marine was found not fit and the “To” date the Marine is found fit for duty must be captured in MCTFS
6. Prior to EAS
   a) 30 days prior to EAS/ECC run COFGM
   b) Requests for extensions for EAS must be approved by the Senior Medical Officer of BUPERS – CAPT Nuar. Submit all medical information for adjudication via CMC, MPP-60.

Medical Issue Process

6. For all other questions regarding Medical Issues call:

LtCol Dyer at HQMC

References:

1. MARADMIN: 257/03, 017/00
2. Seps Manual: Ch 8
3. SECNAVINST: 1770.3C
4. New MARADMIN Soon!

Limited Duty Coordinators

1. Commanding officers are responsible for proper administration and tracking of all light duty and limited duty personnel. (017/00)
2. Limited Duty Coordinators (LDC) are essential to a Commanders ability to track and mange their Marines with medical issues. They can also provide a necessary liaison between Marine units and Naval Medical Care. Each unit should identify an knowledgeable NCO or SNCO as a LDC as a collateral duty accountable to the CO.
3. Each Command through their LDC should maintain a list of all Marines in a Med Status with the following: Name, Rank, SSN, Status, EAS, anticipated separation date and final disposition of PEB results.

Managing Activated Reserve Marines with Service Incurred or Aggravated injuries.

POC:

HQMC, MPP-60: Maj McGinnis

DSN-278-4515

Comm- 703-784-4515

E-mail-mcginnisj@manpower.usmc.mil